

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

103
Lobbyist's Registration Number**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 1-26-00L Supp
#5297 Laced 1-31-00
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RSD

1000326

1. NAME Pasqua Charles J
Last First MI2. BUSINESS PHONE 225 344 83003. BUSINESS ADDRESS 824 E Chuck Street, Gonzales LA 70737
Street and No. City State ZipMAILING ADDRESS same as above
Street and No. City State Zip4. EMPLOYER Charles J Pasqua & Associates, Inc.5. EMPLOYER'S ADDRESS same as above
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes at No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name The Kansas City Railway Company
Address 114 West Eleventh Street, Kansas City, Missouri 64105Business or purpose _____☐ New Representation
Does this person pay you? _____If No, who pays you? _____☒ Terminated Representation as of 1-15-2000

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2. Name Parish of Ascension
Address P.O. Box 1659, Gonzales, LA 70707
Business or purpose local government
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☒ Terminated Representation as of 1-15-2000
3. Name Law Offices of Percy & Pujol
Address 712 N Burnside Ave., Gonzales, LA 70737
Business or purpose law office
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☒ Terminated Representation as of 1-15-2000

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

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2. Name Fidelity Federal Life Insurance Co
- Address P.O. Box 1144, Gonzales, LA 70707
- Business or purpose Insurance Company
- ☐ New Representation
Does this person pay you? _____
- If No, who pays you? _____
- ☒ Terminated Representation as of 1-15-2000
3. Name _____
- Address _____
- Business or purpose _____
- ☐ New Representation
Does this person pay you? _____
- If No, who pays you? _____
- ☐ Terminated Representation as of _____

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Signature of Lobbyist